BUREAU OF DEVELOPMENTAL SERVICES
1201-A SHORT FORM FOR PROGRAMS WITHOUT REPORTABLE ERRORS

REGION: 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ 11☐ 12☐

1. Provider agency name:	2. Service type:
3. Service name:	4. Report period dates:
5. Total number of individuals receiving medications from authorized providers:	6. Number of Providers Authorized:
7. Name of nurse trainer:	8. Hours per month:
9. Number of doses administered:	
10. Number and type of medication-related certification deficiencies cited during this period:	
11. Nurse trainer signature:	12. Date:

1. Provider agency name:	2. Service type:
3. Service name:	4. Report period dates:
5. Total number of individuals receiving medications from authorized providers:	6. Number of Providers Authorized:
7. Name of nurse trainer:	8. Hours per month:
9. Number of doses administered:	
10. Number and type of medication-related certification deficiencies cited during this period:	
11. Nurse trainer signature:	12. Date: